

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003 Version #3

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Greensboro Housing Authority

PHA Number: GA 105

PHA Fiscal Year Beginning: (07/2003)

PHA Plan Contact Information:

Name: Robert L. Motley

Phone: (706) 453-7371

TDD:

Email (if available): gha30642@bellsouth.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☒ Main administrative office of the local, county or State government
- ☒ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

PHA Programs Administered:

- ☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan Fiscal Year 2003

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan	
<input checked="" type="checkbox"/> Attachment D: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input type="checkbox"/> Attachment __: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards	
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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment F: De-Concentration of Poverty and Income Mixing Requirements	
Attachment G: Voluntary Conversion Initial Assessment	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **197,459**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
☐ Yes ☐ No: below or
☐ Yes ☐ No: at the end of the RAB Comments in Attachment _____.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (Greene County Comprehensive Plan)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - ☐ Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

A substantial deviation from the 5-year plan is defined as follows:

1. **Any changes to the goals and missions of the Housing Authority, which are not required by HUD regulations.**
2. **Addition of new non-emergency work items not listed in the current CFP Annual Statement of 5-Year CFP Action Plan that is more than 10% of the total grant amount or \$20,000, whichever is lower. Emergency work items or new items that are less than**

10% of the total grant amount of \$20,000, whichever is lower, are never considered substantial deviations.

- 3. Changes in regards to demolition or disposition, designation of housing, or conversion activities.**

B. Significant Amendment or Modification to the Annual Plan:

A Significant Deviation from the Annual Plan is defined as follows:

Significant amendments or modification to the Annual Plan are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the plans of the agency and require formal approval of the Board of Commissioners.

- 1. Any changes to rent or admissions policies, or organization of the waiting list, which is not required by HUD regulations.**
- 2. Addition of new non-emergency work items not listed in the current CFP Annual Statement of 5-Year Action Plan that is more than 10% of the total grant amount or \$20,000, which is lower. Emergency work items or new items that are less than 10% of the total grant amount or \$20,000, which is lower, are never considered substantial deviations.**

The Greensboro Housing Authority always reserves the right at any time to implement up to the maximum fungibility of the Capital Funds to the Greensboro Housing Authority's Low-Rent Operating needs in such amounts as may be necessary to offset operating losses of the Authority.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA06P10550102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	47,409		47,409	47,409
3	1408 Management Improvements	2,800		2,800	2,800
4	1410 Administration	2,000		2,000	2,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	49,300		49,300	49,300
10	1460 Dwelling Structures	31,250		31,250	31,250
11	1465.1 Dwelling Equipment—Nonexpendable	31,100		31,100	14,625
12	1470 Nondwelling Structures	2,800		2,800	2,800
13	1475 Nondwelling Equipment	5,600		5,600	5,600
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA06P10550102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	197,459		197,459	182,834
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA106P10550102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations expenditures	1406		39,700		39,700	39,700	Completed
	Clerical Position	1406		7,709		7,709	7,709	Completed
	Managements Improvements	1408		2,800		2,800	2,800	Completed
	Purchase upgraded telephone system	1475		2,200		2,200	2,200	Completed
	Administration	1410		2,000		2,000	2,000	Completed
	Purchase 2 commercial walk behind 36" mowers	1475		3,400		3,400	3,400	Completed
	Renovation of & addition to administration building	1470		19,000		19,000	19,000	Completed
GA105-01	Replace range hoods	1465.1	15 Units	1,900		1,900	1,900	Completed
	Replace & repair sidewalks	1450	250 Sq. Ft.	4,800		4,800	4,800	Completed
	Install security lights per unit	1465.1	15 Units	700		700	700	Completed
	Replace ranges (20 Units)	1465.1	20 Units	8,000		8,000	8,000	Completed
	Install shelving system & inventory software for maintenance facility	1470		9,000		9,000	9,000	Completed
GA105-02	Install security lights per unit	1460	30 Units	1,400		1,400	1,400	Completed
	Landscape Development	1450		8,000		8,000	8,000	Completed
	Replace & repair concrete driveway	1450	3	14,000		14,000	14,000	Completed
	Install stainless steel range hoods	1460	30 Units	3,800		3,800	3,800	Completed
	Replace ranges (30 Units)	1465.1	30 Units	12,000		12,000		Under contract

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA106P10550102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
GA 105-03	Replace refrigerators	1465.1	20 Units	6,000	6,000	6,000	3,375	44% Completed
	Landscape development	1450		3,000		3,000	3,000	Completed
	Seal & stripe parking lot	1450		3,900		3,900	3,900	Completed
	Repair & replace sidewalks	1450		2,100		2,100	2,100	Completed
	Replace range hoods	1465.1	20 Units	2,500		2,500	2,500	Completed
GA105-03	Install steel storm doors	1460	30 Units	12,000		12,000	12,000	Completed
	Install window security screens	1460	15 Units	12,000		12,000	12,000	Completed
	Install unit security lights	1460	20 Units	1,350		1,350	1,350	Completed
	Install Development sign	1450	1	750		750	750	Completed
GA105-09	Install unit security lights	1460	15 Units	700		700	700	Completed
	Landscape Development	1450		6,000		6,000	6,000	Completed
	Seal& Stripe driveway, street & parking areas	1450		6,000		6,000	6,000	Completed
	Install Development signs	1450	1	750		750	750	Completed

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA06P10550103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	47,250	36,250		
3	1408 Management Improvements	2,500	2,500		
4	1410 Administration	2,500	2,500		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	9,859	8,759		
10	1460 Dwelling Structures	111,600	94,441		
11	1465.1 Dwelling Equipment—Nonexpendable	16,250	10,516		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,500	4,500		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	3,000	3,000		
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA06P10550103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	197,459	162,466		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	21,500			

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA06P10550103 Replacement Housing Factor Grant No:				Federal FY of Grant: FFY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations Expenditures	1406		36,000	26,000			
	Clerical Position	1406		11,250	10,250			
	Management Improvement	1408		2,500	3,000			
	Computer Network Upgrade	1475		3,000	3,000			
	Administration	1410		2,500	2,000			
	Lawn Care Equipment	1475		1,500	1,500			
GA 105-01	Cabinet Refurbishing	1460	15 Units	22,500	18,200			
	Replace kitchen sinks & faucet	1460	15 Units	2,500	0			
	Replace kitchen countertops	1460	15 Units	5,000	0			
	Site Improvements							
GA 105-02	Landscape improvements	1450		4,859	841			
GA 105-03 M/C	Install 1/8" floor tile & Cove base	1460	14 Units	31,500	31,500			
	Interior Painting	1460	14 Units	4,000	6,000			
	Relocation Cost	1495	14 Units	3,000	3,000			
	Replace gas ranges	1465.1	15 Units	6,500	4,875			
GA 105-03 Syc.	Install 1/8" floor tile & cove base	1460	10 Units	12,500	18,000			

Annual Statement/Performance and Evaluation Report**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part II: Supporting Pages**

PHA Name: Greensboro Housing Authority GA 105		Grant Type and Number Capital Fund Program Grant No: GA06P10550103 Replacement Housing Factor Grant No:				Federal FY of Grant: FFY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
GA 105-09	Install vinyl lap siding on soffitt & gable ends	1450	15 Units	16,800	13,600			
	Landscape improvements: seed, sod, fertilizer & erosion control	1460	15 Units	5,000	3,900			
	Window security screens	1460	15 Units	10,800	10,800			
	Steel storm doors	1460	15 Units	6,000	6,000			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Greensboro Housing Authority GA105				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2008
PHA-Wide	Annual Statement	\$61,739	\$57,993	\$56,493	\$67,239
GA105-01		\$30,500	\$2,500	\$6,600	\$17,800
GA105-02		\$4,000	\$35,746	\$65,025	\$9,000
GA105-03		\$61,727	\$66,227	\$28,848	\$65,800
GA105-09		\$4,500		\$4,500	\$2,627
CFP Funds Listed for 5-year planning		\$162,466	\$162,466	\$162,466	\$162,466
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : 2 FFY Grant: 2004 PHA FY: 2005			Activities for Year: 3 FFY Grant: 2005 PHA FY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual		<u>Operations -1406</u>			<u>Operations-1406</u>	
Statement	PHA-Wide	Operating Fund	\$32,493	PHA-Wide	Operating Fund	\$32,493
		Sub Total 1406	\$32,493		Sub Total 1406	\$32,493
		<u>Management Improvements -1408</u>			<u>Management Improvements- 1408</u>	
	PHA-Wide	Staff Development/Computer Upgrades	\$16,246	PHA-Wide	Employee & Staff Development	\$10,000
		Sub Total 1408	\$16,246		Sub Total 1408	\$10,000
		<u>Administration-1410</u>			<u>Administration-1410</u>	
	PHA-Wide	Administration	\$5,000	PHA-Wide	Administration	\$10,500
		Sub Total 1410	\$5,000		Sub Total 1410	\$10,500
		<u>Audit-1411</u>			<u>Audit-1411</u>	
	PHA-Wide	Audit	\$3,000	PHA-Wide	Audit	\$3,000
		Sub Total 1411	\$3000		Sub Total 1411	\$3,000
		<u>Fees & Cost-1430</u>			<u>Fees & Cost-1430</u>	
	PHA-Wide	Fees & Cost	\$5,000	PHA-Wide	Fees & Cost	\$5,000
		Sub Total 1430	\$5,000		Sub Total 1430	\$5,000
Total CFP Estimated Cost			See next page			\$

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year : 2 FFY Grant: 2004 PHA FY: 2005			Activities for Year: 3 FFY Grant: 2005 PHA FY: 2006		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	<u>Site Improvement-1450</u>			<u>Site Improvement –1450</u>	
GA105-02	Landscaping	\$4,000	GA105-01	Landscaping	\$2,500
GA105-09	Landscaping	\$4,500	GA105-03	Landscaping	\$4,500
	Sub Total 1450	\$8,500		Sub Total 1450	\$7,000
	<u>Dwelling Structures - 1460</u>			<u>Dwelling Structures - 1460</u>	
GA105-03	Replace Floor Tile (phase 1)	\$45,000	GA105-03	Replace Floor Tile (phase 2)	\$45,000
GA105-03	Replace interior Doors (phase 1)	\$8,000	GA105-03	Replace interior Doors (phase 2)	\$8,000
GA105-03	Paint Interior Walls (phase 1)	\$8,727	GA105-03	Paint Interior Walls (phase 2)	\$8,727
	Sub Total 1460	\$61,727	GA105-02	Refurbish Kitchen Cabinets (phase 1)	\$35,746
				Sub Total 1460	\$97,473
	<u>Dwelling Equipment – 1465.1</u>				
GA105-01	Replace Terra Cotta Sewer	\$24,000			
GA105-01	Replace Interior Light Fixtures	\$6,500			
	Sub Total 1465.1	\$30,500			
Total CFP Estimated Cost		\$162,466			\$162,466

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :4 FFY Grant: 2006 PHA FY: 2007			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2008		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual		Operations -1406			<u>Operations-1406</u>	
Statement	PHA-Wide	Operating Fund	\$32,493	PHA-Wide	Operating Fund	\$32,493
		Sub Total 1406	\$32,493		Sub Total 1406	\$32,493
		<u>Management Improvements -1408</u>			<u>Management Improvements- 1408</u>	
	PHA-Wide	Employee & Staff Development	\$10,000	PHA-Wide	Staff Development/ Computer Upgrades	\$16,246
		Sub Total 1408	\$10,000		Sub Total 1408	\$16,246
		<u>Administration-1410</u>			<u>Administration-1410</u>	
	PHA-Wide	Administration	\$6,000	PHA-Wide	Administration	\$7,500
		Sub Total 1410	\$6,000		Sub Total 1410	\$7,500
		<u>Audit-1411</u>			<u>Audit-1411</u>	
	PHA-Wide	Audit	\$3,000	PHA-Wide	Audit	\$3,000
		Sub Total 1411	\$3000		Sub Total 1411	\$3,000
		<u>Fees & Cost-1430</u>			<u>Fees & Cost-1430</u>	
	PHA-Wide	Fees & Cost	\$5,000	PHA-Wide	Fees & Cost	\$5,000
		Sub Total 1430	\$5,000		Sub Total 1430	\$5,000
Total CFP Estimated Cost			See next page			See next page

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :4 FFY Grant: 2006 PHA FY: 2007			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	<u>Site Improvement-1450</u>			<u>Site Improvement -1450</u>	
GA105-02	Landscaping	\$4,000	GA105-01	Landscaping	\$2,500
GA105-09	Landscaping	\$4,500	GA105-03	Landscaping	\$4,500
GA103-03	Repair Asphalt Parking Lot	\$11,428	GA105-03	Resurface Asphalt Parking Lot	\$9,300
	Sub Total 1450	\$19,928		Sub Total 1450	\$16,300
	<u>Dwelling Structures- 1460</u>			<u>Dwelling Structures –1460</u>	
GA105-02	Refurbish Kitchen Cabinets	\$35,900	GA105-01	Electric Panel Boxes Upgrade	\$15,300
GA105-02	Paint Interior Walls	\$12,750	GA105-03	Kitchen Cabinet Refurbishing	\$36,000
	Sub Total 1460	\$48,650	GA105-03	Replace Kitchen Counter Tops	\$8,500
				Sub Total 1460	\$59,800
	<u>Dwelling Equipment -1465.1</u>			<u>Dwelling Equipment –1465.1</u>	
GA105-01	Replace Gas Ranges	\$3,600			
GA105-01	Replace Refrigerators	\$3,000	GA105-02	Replace Interior Light Fixtures	\$9,000
GA105-02	Replace Gas Ranges	\$6,750	GA105-03	Replace Interior Light Fixtures	\$7,500
GA105-02	Replace Refrigerators	\$5,625	GA105-09	Replace Gas Ranges	\$2,627
GA103-03	Replace Refrigerators	\$8,520		Sub Total 1465.1	\$19,127
GA103-03	Replace Gas Ranges	\$9,900			
	Sub Total 1465.1	\$37,395			
Total CFP Estimated Cost		\$162,466			\$162,466

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$_____

B. Eligibility type (Indicate with an “x”) N1_____ N2_____ R_____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months_____ 18 Months_____ 24 Months_____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$
Goal(s)		
Objectives		

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment : Resident Member on the PHA Governing Board

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- ☐ Elected
☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☒ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☒ Other (explain): over that past twenty four months the housing authority management has solicited and encouraged the resident to become members of the PHA governing board. The housing authority has not been successful in acquiring a resident that is willing to be a member of the PHA governing board. The housing authority continues to solicit its resident to become a member of the PHA governing board through the monthly newsletter.

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Required Attachment E : Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Complex	Primary	Alternate #1	Alternate #2
Park Place	Alice Stephens	Linda Miller	Daisy Ingram
Morningside	Brandy West	Theresa Cosby	Shamecia Alexander
Mize Court	Dora Goss	Ronnie Ellis	Leonard Brown
Sycamore	Joseph Hunter	Jeanette Jernigan	Sheryl Epps
Richland Heights	JoAnn Henderson	Tracy Reid	Mary Lamar

The Resident advisory Board of the Greensboro Housing Authority selects it's members from the best-qualified tenants that volunteer. We solicit volunteers through advertisement in the monthly housing authority mini newsletter. One primary and two alternates are chosen from each of the five complexes.

De-Concentration of Poverty and Income Mixing Requirements

The De-Concentration of Poverty & Income mixing requirements have been met. An income analysis of the public housing development has been completed and is available for public inspection. This information is provided as required by Notice PIH 2001-26. (See Attachment F)

Required Attachment F : De-Concentration Policy

**Greensboro Housing Authority
Greensboro, Georgia**

**Resolution #99-3
De-Concentration
May 27, 1999**

Whereas, the Quality Housing and Work Responsibilities Act (QHWRA) of 1998 was enacted October 21, 1998 and;

Whereas, Initial Guidance of QHWRA was published in the Congressional Federal Register/ Vol.64, No 32/ Thursday, February 18, 1999 prohibiting Concentration of Low-Income Families in Public Housing (De-Concentration of Poverty) and;

Whereas, the Housing Authority has determined it does not encourage concentration of poverty, but it encourages income-mixing.

Therefore, be it resolved the Housing Authority admissions policy does not require changes

The above resolution was introduced and explained to the Board of Commissioners by the Executive Director.

Commissioner White moved that the Resolution #99-3 be adopted as written. The motion was seconded by Commissioner Chester and upon roll call the “AYES” and “NAYS” were as follows:

**AYES:
ALL**

**NAYS
None**

Required Attachment G: Voluntary Conversion Initial Assessment

The Federal Register at FR-4476-03 dated June 22, 2001, requires initial assessments for voluntary conversion of certain public housing stock. All five properties owned by the Housing Authority of the City of Greensboro were evaluated for conversion to meet tenant-based housing. It is not the advantage of the residents, Housing Authority of the City of Greensboro, or the community to convert the public housing to tenant-based housing.

Component 10 (B) Voluntary Conversion Initial Assessment

Each development owned by the Housing Authority of the City of Greensboro has been reviewed and it has been determined that it is not in its best interest to convert the public housing into tenant-based housing.

Voluntary conversion of any kind and all of the properties is inappropriate because removal of the development would not meet the necessary condition for voluntary conversion because it would be more expensive to convert the properties to tenant-based housing than to remain as public housing. Converting the public housing to tenant based housing would adversely affect the availability of affordable housing in the City of Greensboro and outlying of Greene County.

- How many PHA's development's are subject to the Required Initial Assessments?
5**
- How many of the PHA's developments are not subject to the required Initial Assessments based on exemptions?
0**
- How many assessments were conducted for the PHA's covered developments?
5**
- Identify PHA development that may be appropriate for conversion based in the required Initial Assessments?
N/A**